

FAX

To: Jennifer Hammond

From: _____

Date: _____

Subject: Travel reimbursement form

CAMS PAYMENT PROFILE FORM



**THE INFORMATION RECORDED ON THIS FORM WILL BE CONSIDERED
PRIVACY INFORMATION FOR FINANCE USE ONLY.**

Reason for completing form:

☐ New Registration ☐ Change to Existing Information

What type of Payee are you (select one):

☐ NOAA/BXA Employee (Special Payment Instructions) ☐ Invitational Traveler
☐ NOAA Corps Employee ☐ Individual Contractor
☐ Federal Employee (Other than NOAA/BXA/NOAA Corps) ☐ Foreign Trainee
Specify Agency: _____

Name and Home Mailing Address:

Name _____
Address line 1 _____
Address line 2 _____
City _____
State _____ ZIP _____
Work Phone _____ Fax _____
Internet E-Mail Address (If Applicable) _____

What is your Taxpayer Identification Number (TIN)? We are **required by law to obtain a Taxpayer Identification Number** when making a reportable payment to you. If you fail or refuse to provide us with this information, your payments may result in a 31% federal income tax withholding.

Social Security Number: _____ - _____ - _____

The Debt Collection Improvement Act of 1996, effective July 26, 1996, **mandates** the use of Electronic Funds Transfer (EFT) for all Federal payments to recipients who become eligible to receive such payments. Federal agencies must grant waivers for this mandate to recipients who **certify in writing** that they do not have an account with a financial institution. Please select one of the following payment methods:

☐ EFT (Automated Clearing House Payments (ACH)) ☐ Check (**must submit wavier in writing**)

Please provide the following financial information for EFT payments.
(The ACH Coordinator at your financial institution can supply you with this information)

Bank Name _____
Bank Address _____
City _____ State _____ Zip _____
Nine Digit Routing/Transit Number (ABA#) _____

Type of Account: (select one)

☐ Checking Account Number _____
☐ Savings Account Number _____
☐ Lockbox Account Number _____

Certification - Under penalties of perjury, I certify that the information which I have provided on this form is correct.

Signature _____ Date _____